

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15867

1. Entity Name

THE HOLMES VALLEY BAND OF CREEK INDIANS OF FLORI

Principal Place of Business

Mailing Address

929 HWY 277  
CHIPLEY FL 32428  
US

929 HWY 277  
CHIPLEY FL 32428-5942  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2720194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUMAKER, LORENA J  
929 HWY. 277  
CHIPLEY FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DAWN E. PRAYTOR  
STREET ADDRESS 8240 TEMPEST DRIVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SHUMAKER, W T  
STREET ADDRESS 940 HWY 277  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHUMAKER, MOLLIE T  
STREET ADDRESS 940 HWY 277  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MASHBURN, GYNELLE  
STREET ADDRESS 618 N. 6TH STRET  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TMD ☐ Delete  
NAME SHUMAKER, WILLIAM E  
STREET ADDRESS 929 HWY. 277  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SHUMAKER, DANIEL E  
STREET ADDRESS 929 HWY 277  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E Shumaker* 26 April 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-638-0677

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90073 003 \*\*\*\*70.00

842198



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)